Page 2: Information about the person or organisation completing this submission survey

Q1 This submission was completed by:

Name	**Loyola Correa**
Company/organisation	[redacted]
Position	[redacted]
City/town	[redacted]
Email address	[redacted]

Q2 Are you making this submission survey	**as a registered practitioner**
Q3 Please tell us which part of the sector your submission survey represents	**a registered dentist or dental specialist**

Page 3: General question about recertification

Q4 Do you think the Dental Council needs to make changes to its current recertification framework?

Yes - but only minor changes ,

Please give your reasons::

Dentists are first certified through either one of the following: A. Qualifying from Otago with a degree in Dentistry B. Passing the Overseas Registration process established by DCNZ - thereby establishing the level of training of the overseas graduate as equivalent to an Otago graduate C. Trans Tasman Mutual Recognition process of graduates qualified in Australia D. Special equivalent criteria of universities in other countries that are deemed to be equivalent to an Otago degree. - Having met one of the above, a graduate is certified to begin practising in NZ. Thereafter, each year, this same graduate must be re-certified based on the established criteria of the DCNZ. - Currently, the process of annual APC / recertification has become a circus where every dental company is conducting courses to promote their own market share and applying for and awarding CPD which goes towards the APC tally. - I believe that courses conducted by companies and similar vested interests, must not get equivalent CPD to courses conducted by reputed teaching bodies. - Additionally, applicants should need to sit a test on the course undertaken, so that they are properly standardized.

Page 4: Area for change one: public assurance

Q5 Each of the seven statements below are equally important components of good oral health care. We want to identify where there are gaps or weaknesses in the way our oral health practitioners serve the public.Please rank the components from 1-7, with one being the component you think needs the most improvement and seven being the component you think needs the least improvement:

Patients needs and concerns are discussed and addressed with their practitioner	**5**
Patients feel confident their practitioner has the knowledge and skills to treat them	**7**
Patients know how to complain about treatment they have received from their practitioner	**4**

Q6 Do you think the Dental Council needs to equip patients and the public to recognise poor practise?

No,
Please give your reasons::
This is absurd. We already have a culture in NZ where every patient feels that the dentist is making too much money and trying to educate the patient to scrutinize the dentist will be a bigger can of worms. - I believe there is ample opportunity for peers and laboratory providers to recognize poor work. - All investigations and scrutiny should be in-house and the DCNZ must look to help practitioners and not hang them out in public.

Page 5: Area for change two: right-touch risk-based regulation

Q7 Do you feel you have adequate information about the Dental Council's approach to regulation?

Yes

Q8 A risk pyramid illustrates the connection between the desired actions and/or behaviours of a practitioner and the differing level of responses a regulator can use to encourage and/or achieve the desired action and/or behaviour.Do you think the Dental Council should develop a risk pyramid/matrix to explain the types and levels of risk and corresponding regulatory responses?

Yes,
Please give your reasons::
A risk to the public can be a one off by a practitioner, or can be on several counts. Therefore, the type of risk profiling is most important. In the DCNZ published (Dr Whyman's documents) and Dr David Crum's opinion, the type of profiling mentioned is based on ethnicity and country of qualification gained. - This type of profiling is akin to "Collective Guilt". Is every German guilty of the Holocaust ? Therefore, profiling of dentists who have made an error can be helped prior to, if there was an opportunity for a) Dentists and laboratory and peers to whistle-blow in a helpful manner b) Dentists can self declare that they are struggling c) Create mentor groups in a more informal manner so that dentists do not feel threatened. d) Be proactive when dentists make errors - contact them and place them under review sooner than later. - This type of profiling will be protecting the public as well as the reputation of the dentists who have made a huge commitment to come to NZ and add value to this country.

Page 6: Area for change three: risk identification

Q9 Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify and manage risk?

Practice audits,

Practice questionnaires,

Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003,

Risk factors for practitioners,

Practical training/experience for a period of time,

Supervision, counselling and/or mentoring,

Course of instruction

Q10 Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?

Yes,
Please tell us about other tool/s or mechanism/s you are aware of::
We are a small country and our dentist population is small. We should create Mentorship in every town and try to assist dentists by pro-active supervision. - Overseas dentists have to be gently indoctrinated into cultural differences when they come to NZ and this is all part of excellent Dr - patient communication.

Q11 Do you think any of these risk tools or mechanisms are more effective than others?

Yes

Page 7: Area for change four: early intervention

Q12 Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?

Yes,
Please give your reasons::
The type of profiling is key to the solution. There is no merit in analysing the dentists qualification after her / she has met with entry registration processes. DCNZ has set a registration standard to be met, and once the dentist has met these, DCNZ cannot retrospectively re-litigate the matter. - However, moving forward, it is a fact that some dentists irrespective of where they were trained, will get into trouble. Most of these could be cultural - language - comprehension issues. These are easily ironed out. - For the purpose of this submission, I am leaving out the dentists who break the law through fraud, drug and alcohol abuse or other serious misdemeanors as this re-certification consultation does not cover those individuals.

Page 8: Area for change five: compliance

Q13 Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance?

Yes,
Please give your reasons::
Be gentle with how DCNZ approaches the individual dentists who are getting into trouble. There is no merit in empowering patients to complain after the fact. We peers must reach out to our colleagues to pro-actively assist in raising the bar on ourselves, so as to provide excellent care to our patients.

Q14 What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:

Stop CPD for sham courses. Evaluate every course on the learning outcomes test. Seek feedback from delegates on the quality of the course and take appropriate action. Set up mentor groups in towns and cities and seek to help dentists rather than victimize them after the problem has become entrenched.

Page 9: Area for change six: ongoing education and learning opportunities

Q15 Do you think the Dental Council should change its current amount of prescribed hours and peer activities?

No - the hours are about right

Q16 Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

No - the cycle length is about right

Q17 Please rank the following statements (with one being most important and eight being least important) according to the following question:Which actions should the Dental Council prioritise when considering its approach to ongoing education and learning opportunities?

Changing the current amount of prescribed hours and peer activities	**7**
Changing the current length of the education and learning opportunities (CPD) cycle	**8**
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	**5**
Removing the requirement to have verifiable education and learning activities	**6**
Requiring practitioners to maintain an accurate record of their education and learning activities	**4**
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	**2**
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	**3**
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	**1**

Q18 Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?

Yes - but only minor changes or improvements ,

Please tell us what other changes or improvements should be made and why::

Help dentists find the mentor ship they need. Help dentists self-declare that they need assistance Younger dentists must have a period of internship with private practitioners and grow in competence. Laboratories and other peer groups are aware of dentists doing poor work. Create avenues for peers to advise on dentists and other health professionals who are sliding in competence.

Page 10: Final thoughts and comments

Q19 Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?

I have been part of a larger group of Overseas Dentists of Indian origin. We met on September 17 and thrashed out a joint submission. The submission was collectively drawn up over the course of an entire day and a formal joint submission is being sent through to council. I strongly support the contents of that collective document.